

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/565045

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4		2				
5		0				
6		0				
7		0				
8		0				
9		0				
10		0				
11		0				
12		0				
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14		0				
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18	/					
19		1				
20		2				
21		2				
22		0				
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49						
50						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	49					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						